| ΙN | THE | UNITED | STAT | ES DI | STRIC | CT CC | URT |
|-----|-----|--------|-------|-------|-------|-------|------|
| FOR | THE | WESTER | RN DI | STRIC | T OF | NEW | YORK |

UNITED STATES OF AMERICA,

Civil No.:

Plaintiff

-v-

Amy L. Tatlock a/k/a Amy L-W.Tatlock

Defendant.

COMPLAINT

The United States of America, a Sovereign, by Forsyth,

Howe, O'Dwyer, Kalb & Murphy, P.C., Attorneys for the plaintiff,

complains and alleges as follows:

- 1. This is a suit to recover payments due and unpaid on student loans insured by the United States Department of Education under the William D. Ford Federal Direct, Title IV, Part D of the Higher Education Act of 1965 (the "Act"), as amended, 20 U.S.C. § 1087a, et seq.
- 2. This Court has jurisdiction over this action pursuant to 28 U.S.C. § 1345.
- 3. Defendant, Amy L. Tatlock a/k/a Amy L-W.Tatlock, is a natural person over the age of twenty-one years who resides at 5

Sunnyside Dr., Wayland, NY 14572, within the jurisdiction of this Court.

- 4. Defendant entered into the promissory note attached hereto and incorporated herein as **Exhibit "A"**.
- 5. Defendant has defaulted in making the payments due under said note.
- 6. That on or about 12/10/04, the Debtor executed a promissory note to secure a Direct Consolidation loan by the United States of America by and through its agency, U.S.

 Department of Education (hereinafter "Plaintiff"). The loan was disbursed for \$4,915.99 on 1/17/05 at 4.375% interest per annum. The loan was made by the Department of Education under the William D. Ford Federal Direct Loan Program under Title IV, Part D of the Higher Education Act of 1965, as amended, 20 U.S.C.

 1087a et seq (34 C.F.R. Part 685). The Defendant defaulted on the obligation on 12/16/09. A total of \$491.59 in unpaid interest was capitalized and added to the principal balance.

 The Plaintiff credited a total of \$2,456.76 in payments from all sources, including Treasury Department offsets.

- 7. Defendant is now indebted to the plaintiff in the total amount of \$5,085.64 as of 4/4/18, as more particularly described in the Certificate of Indebtedness, a copy of which is attached as **Exhibit** "B".
- 8. Defendant has failed or refuses to repay said amount, although demand has been made.

WHEREFORE, plaintiff demands judgment against the defendant in the amount of \$5,085.64, which includes principal amount of \$3,879.66 and interest in the amount of \$1,205.98 as of 4/4/18, pre-judgment interest on the principal computed at the per diem rate of \$0.46 on the principal balance of \$3,879.66; post-judgment interest at the legal rate; and Court filing fees in the amount of \$350.00 pursuant to 28 U.S.C. § 2412.

DATED:

Rochester, New York January 17, 2019

S/Robert J. Kalb

FORSYTH, HOWE, O'DWYER,

KALB & MURPHY, P.C.

One S. Clinton Ave., Suite 1000

Rochester, NY 14604

(585) 325-7515

Email: kalb@forsythhowe.com

DEC 1 6 2004 1

Direct

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Federal Direct Consolidation Loan Application and Promissory Note

OMB No. 1845-0053 Form Approved Exp. Date 1/31/2005

| Loane | Application and Pro | Exp. Date 1/31/2005 | | | | | |
|--|---|-----------------------|---|------------------------------|--|--|--|
| William D. Ford Federal Direct Loan Program | WARNING: And each of the company of these famous sections and the party field of the company of | | | | | | |
| Before You Begin | | | | | | | |
| This form should be printed in blue or black write in new information, put your initials bes | ink or typewritten and must be sign side the change. | ed and dated by t | he applicant(s). If | you cross out anything and | | | |
| Section A: Borrower Informat | tion | | • | | | | |
| 1. Last Name TATLOCK First Name | Middle Initial | 2. Social Securit | y Number | | | | |
| WOODARD ALW.T. AMY | Aunt L-W | , | | | | | |
| 3. Permanent Street Address (if P.O. box, see instruction | | | ode/Telephone Numb | 001T | | | |
| 5 SUNNYSIDE DR | | | (585) 728-2064 | | | | |
| City State | Zip Code | 5. Fax Number (0 | | 6. E-Mail Address (Optional) | | | |
| WAYLAND NY | 14572 | () | , | o. L main radices (Optional) | | | |
| 7.Former Name(s) | 8. Date of Birth | 9. Driver's Licens | e Number (put state a | bhreviation first) | | | |
| Amy L. WOEDARD | 7/1/1971 | (NV |) | noteviation misty | | | |
| 10. Employer's Name | 11. Employer's Address | 1 | | · VIII | | | |
| Self | 5 Sunner de N | r | | | | | |
| 12. Employer's Area Code/Telephone Number | 5 Sunnyside Dr City Wayland | State | | Zip Code | | | |
| (585) 128-2064 | Waylows | NY | | 14572 | | | |
| 13. If you are married, does your spouse have an e | ligible loan(s) (see instructions) that you | want to consolidate v | with your loan/s)? | Yes No No | | | |
| If yes, complete Section C, include your spouse | e's loan(s) in Section D, and have your sp | ouse sign and date I | tem 32 in Section F. | Ies [] NO [X] | | | |
| Section B. Reference Informa | | | | | | | |
| 14. References: Enter the requested inform | | nces who do not i | ve with you and y | sho have known you for of | | | |
| least three years. References may not | | 1000 11110 00 110(1 | ive with you and v | vilo nave known you for at | | | |
| nay nac | are outside the draited Oblics. | | | | | | |
| | | | • | TO THE MILE WAS A | | | |
| Name 1. SCOTT WOOI | DARD 2. | HARTER, | KATHLEEN | | | | |
| | | | | | | | |
| Permanent Address 11032 RIVER | RD | 1806 HEM | IMER RD | | | | |
| MW. | | | | | | | |
| City, State, Zip Code CORNING | , NY 14830 | WAYLAN | ID , NY 14572 |) | | | |
| | | | .2 3111 11572 | | | | |
| Area Code/Telephone Number (607) | 962-8122 | (585) 7 | 28-2069 | | | | |
| , _ | | (303) _1 | 20-2009 | | | | |
| Section C: Spouse Informatio | n To | be completed o | mhu ifumu i men | andad Wast to how 12 | | | |
| 15 Last Name First Name | e | Middle Initial | 16 Social Security I | onded "Yes" to Item 13. | | | |
| | | | | | | | |
| 17 Date of Birth 18 Driv | er s License Number (put state abbreviation | Greek | 10 50 11 10 | | | | |
| | | iii ai j | 19 Fax Number (O | ptional) | | | |
| 20 Former Name(s) | | | 19 E-Mail Address | (Chicaell | | | |
| | | | ERSTONE CONTRACT | (Opsional) | | | |
| 22 Employees Mana | | | <u> </u> | | | | |
| 22 Employer's Name | 23 Employer's Address | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | |
| 24 Employer's Area Code/Telephorie Number | Спу | State | | Zip Code | | | |

| 1-W | Av | o.T. ', | | DEC 1 6 2004 | | - 12 <u>- 12</u> - 1 | |
|---|------------------|---------------------------------------|---------------------|------------------------|---------------------------|----------------------|--|
| Berrower's Name AMY WOO | DARD TA | TLOCK | | | | | |
| Borrower's Social Security Number 107-62-6614 | | | | | | | |
| Education Loan Indebtedness | | structions bel | ore completing this | section.) | | | |
| 25. Loan Holder/Servicer's Name Address, and Area Code/Telephone Number | 26. Loan Type | 27. B=Borrower S=Spouse J=Joint | 28. Account Number | 29. Current Balance | 30. To Be Conso Yes | olidated? No | |
| NYSHESC | | | | | | | |
| 99 Washington Ave. | | | | | | | |
| ALBANY, NY 12255 | 10 | В | | \$5,063.66 | Y | | |
| (800) 666-0991 | • | | | | | | |
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| • | L-W. A.LW | Ti | | DEC 1 | 6 2004 | | | | |
|--|--|--|--|---------------------------------------|---------------------------------------|----------------------|--|--|--|
| Ba | prower's Name AMY WOODARD TATLOC | К | | | ····· | | | | |
| | orrower's Social Security Number | | | | | | | | |
| Se | ection E: Repayment Plan Selection | . 191 | Jaka jarta grade taken ny Salahan na laken na salah | est partition | : . | · | | | |
| Ca | refully read the repayment plan information in " | *Direct Cons | olidation Loans | s" that accor | mnaniae thie | annliantian | | | |
| an | d promissory note to understand your repaymen | nt plan optio | ns. Then, com | plete this se | ction to sele | ect vour | | | |
| rep | payment plan. Remember— | | | | | | | | |
| • | All student loans must be repaid under the same repayment | ent plan. Pare | nt PLUS loans may | y be repaid und | ler a different re | epayment olan | | | |
| • | All student loans must be repaid under the same repayment plan. Parent PLUS loans may be repaid under a different repayment plan. If you select the Income Contingent Repayment Plan, you must complete the "Repayment Plan Selection" and "Income Continent Repayment Plan Consent to disclosure of Tax Information" forms that accompany this application and promissory note. Your selection cannot be processed without these forms. | | | | | | | | |
| • | If you want to consolidate a defaulted student loan(s) your current holder(s), you must select the Income C |) and you have ontingent Rep | not made a satis ayment Plan. | sfactory repay | ment arrangen | nent with | | | |
| 31. | Place an "X" in the box that corresponds to your repayment place cannot be repaid under the Income Contingent Repayment P | plan selection for Plan. | r each loan type. N | ote that Direct F | PLUS Consolidat | ion Loans | | | |
| ~~ | ASIN THE COLUMN | Inc | ome Contingent | Standard | Extended | Graduated | | | |
| SI | TUDENT LOANS Direct Subsidized and Unsubsidized Consol | lidation Loans | X | | | | | | |
| PA | RENT LOANS Direct PLUS Consolidation Loans | | Not Avasable | | | <u> </u> | | | |
| Se | ction F: Promissory Note Continued on rever | se sidel | | | | | | | |
| | | A CONTRACTOR OF THE PARTY OF TH | | | Otto Jan Stones | # applicable, | | | |
| Pro | omise to Pay: | advised | not to read the note | . I am entitled to | an exact copy | of this | | | |
| (her | omise to pay to the U.S. Department of Education (ED) all sum reafter "loan" or "loans") disbursed under the terms of this | note and | a statement of the ture certifies that I I | Borrower's Right | its and Resnons | ihilities | | | |
| Pro | missory Note (note) to discharge my prior loan obligations, plus | _{re} and cond | ditions of this note, i | ncludina the Bo | rrower Certificat | ion | | | |
| note | rest, and other fees that may become due as provided in this e. If I fail to make payments on this note when due, I will also p | _{sav} Borrowei | orization printed on r's Rights and Resp | tne reverse sid onsibilities. | e and the accom | panying | | | |
| colle | ection costs including but not limited to attorney's fees and couts. If ED accepts my application, I understand that ED will on m | ırf | dating jointly with m | IV SDOUSE WE S | aree to the same | a tame and | | | |
| beh | alf send funds to the holder(s) of the loan(s) selected for | condition | is contained in the E | Borrower Certific | cation and | | | | |
| consolidation in order to pay off this loan(s). I further understand that the amount of this loan will equal the sum of the amount(s) that the | | | | | | ontinue. | | | |
| holder(s) of the loan(s) verified as the payoff balance(s) on that to be held jointly and severally liable for the entire amount of the det | | | | | | f the debt | | | |
| loan(s) selected for consolidation. My signature on this note will serve as my authorization to pay off the balance(s) of the loan(s) represented by the Federal Direct Consolidation Loan without region to the amounts of our individual loan obligations that are | | | | | | • | | | |
| sele | ected for consolidation as provided by the holder(s) of such | consolida marital si | ated and without reg atus. We understan | jard to any char id that this mear | ige that may occ is that one of us | our in our may be | | | |
| Thie | amount may be more or loss than the petimeted but to be | required | to pay the entire an o pay. We understa | nount due if the | other is unable of | or · | | | |
| have | amount may be more or less than the estimated total balance e indicated in Section D. Further, I understand that if any | Loan we | are applying for will | be cancelled o | nly if both of us a | nualify | | | |
| thes | ection costs are owed on the loans selected for consolidation. se costs may be added to the principal balance of the | repayme | llation. We further to nt of the loan only if | we provide ED | with written rear | uests | | | |
| сопя | solidation loan. | that confi | irm Federal Direct C rance eligibility for t | Consolidation Lo | an Program defi | erment | | | |
| l una befo | derstand that this is a Promissory Note. I will not sign this note ore reading it, including the text on the reverse side, even if I are | ! | ongiomy for p | our or us at the | same time. | | | | |
| ΙU | NDERSTAND THAT THIS IS A FEDERAL | LOAN TH | AT I MUST RI | EPAY. | | | | | |
| riet, | THE RESERVE THE PROPERTY OF TH | | ederate de la como | | Callegatics | | | | |
| | Signature of Borrower Amy J-W. To | atlack | | Date | 12/10/ | 04 | | | |
| : | Signature of Spouse (if consolidating Yointly) | | | Date | | | | | |

U. S. DEPARTMENT OF EDUCATION SAN FRANCISCO, CALIFORNIA

CERTIFICATE OF INDEBTEDNESS #1 OF 1

Amy L. Tatlock
Aka: Amy L-W. Tatlock
5 Sunnyside Dr.
Wayland, NY 14572-9761
Account No.)

I certify that U.S. Department of Education records show that the BORROWER named above is indebted to the United States in the amount stated below plus additional interest from 04/04/18.

On or about 12/10/04, the BORROWER executed a promissory note to secure a Direct Consolidation loan from the U.S. Department of Education. This loan was disbursed for \$4,915.99 on 01/17/05 at 4.375% interest per annum. The loan was made by the Department under the William D. Ford Federal Direct Loan Program under Title IV, Part D of the Higher Education Act of 1965, as amended, 20 U.S.C. 1087a et seq. (34 C.F.R. Part 685). The Department demanded payment according to the terms of the note, and the BORROWER defaulted on the obligation on 12/16/09. Pursuant to 34 C.F.R. § 685.202(b), a total of \$491.59 in unpaid interest was capitalized and added to the principal balance.

The Department has credited a total of \$2,456.76 in payments from all sources, including Treasury Department offsets, if any, to the balance. After application of these payments, the BORROWER now owes the United States the following:

Principal:

\$3,879.66

Interest:

\$1,205.98

Total debt as of 04/04/18:

\$5,085.64

Interest accrues on the principal shown here at the rate of \$0.46 per day.

Pursuant to 28 U.S.C. § 1746(2), I certify under penalty of perjury that the foregoing is true and correct.

Executed on: Š-3-18

Loan Analyst

Litigation Support Unit

Philippe Guillon Loan Analyst VERIFICATION

STATE OF NEW YORK)

ss:

COUNTY OF MONROE

Robert J. Kalb, being duly sworn, deposes and says:

- 1. I am an Attorney duly admitted to practice in the Federal Courts of the Western District of the State of New York and have read the foregoing Complaint.
- 2. The allegations of the Complaint are true, except those matters alleged-on information and belief, and those matters I believe to be true. The grounds of my knowledge and the sources of my information and belief are records of the U.S. Department of Education and public records.
- 3. This verification is made by me and not by plaintiff because the United States of America is a sovereign.

S/Robert J. Kalb

FORSYTH, HOWE, O'DWYER,

KALB & MURPHY, P.C.

One Chase Square, Suite 1900

Rochester, NY 14604

(585) 325-7515

Fax: (585) 325-6287

Email: kalb@forsythhowe.com

Sworn to and subscribed before on:

January 17, 2019

Notary Public

DORENE R. MAYER
Notary Public State of New York
County of Monroe, #01MA5032253
Commission Expires 8/22/20